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		Application Number	10/	813,589	
TRANSMITTA	Filing Date	3/30/2004 Paul, Susanne A. 2817			
FORM	First Named Inventor				
	Group Art Unit				
(to be used for all correspondence after init	Examiner Name	SHINGLETON, MICHAEL			
Total Number of Pages in This Submission 10		Attorney Docket Number	SIL.P0078		
E	NCLOSU	RES (check all that apply)			
Fee Transmittel Form		nment Papers n Application)		After Allowance Communication to Group	
Fee Attached	☐ Draw	'		Appeal Communication to Board of Appeals and Interferences	
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Ø	Fee Transmittel Form	Assignment Papers (for an Application)		After Allowance Communication to Group		
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	After Final	Petition		Proprietary Information		
	Affidavite/declaration(s)	Petition to Convert a Provisional Application		Status Letter		
Ø	Extension of Time Request	Power of Attorney, Revocation Change of Correspondence Address		Additional Enclosure(s) (please Identify below):		
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	Response to Missing Parts/ Incomplete Application	Remarks				
Response to Missing Parts under 37 CFR 1.52 or 1.53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
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Individual name Bruse A. Johnson Customer Number 30163						
Signature						
Date August 9, 2005						

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Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004 Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/813,589 Application Number FEE TRANSMITTAL 3/30/2004 Filing Date Susanne A. Paul for FY 2005 First Named Inventor SHINGLETON, MICHAEL B Examiner Name 2817 Art Unit Applicant claims small entity status. See 37 CFR 1.27 SIL.P0078 TOTAL AMOUNT OF PAYMENT Attomey Docket No. METHOD OF PAYMENT (check all that apply) ☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): Deposit Account Name: Deposit Account Number: Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit eard information should not be included on this form. Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES SEARCH FEES** FILING FEES Small Entity Small Entity **Small Entity** Fees Paid (\$) Fee (5) Fee (E) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 Utility 300 500 250 0 150 50 65 130 200 100 100 Design 150 160 80 200 100 300 Plant 500 250 600 300 300 150 Reissua 0 0 O O Provisional 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Total Claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) 16 - 20 or HP = 0 Fee (\$) Fee Pald (\$) 50 HP = bighest number of lotal claims paid for, if preater than 20. Fee (\$) Fee Pald (\$) Indep. Claims Extra Claims - 3 or HP = 0 200 0 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Extra Sheets Total Sheets *1*50 = (round up to a whole number) x 0 Fee Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) 450 Other (e.g., late filing surcharge): extension fee Complete (# applicable) SUBMITTED BY

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